STATE OF RHODE ISLAND DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

PUBLIC NOTICE OF PROPOSED RULE-MAKING

In accordance with Rhode Island General Law (RIGL) 42-35 and 42-72-5, notice is hereby given that the Department of Children, Youth and Families proposes to adopt the following DCYF rule:

COMPREHENSIVE ASSESSMENT AND SERVICE PLANNING

This new rule reflects a process that is guided by principles of family-centered, culturally competent practice and includes procedures for the ongoing assessment of safety and risk management to address child safety, permanency and well-being from the initial point of contact throughout case closure for each child and family receiving DCYF services. This new rule incorporates the provisions of three (3) existing rules that were refiled 1/5/07. This rule supersedes and the Department is repealing the following rules: **Family Assessment** (ERLID 3737), **Service Plan** (ERLID 3738) and **Assessment of Risk** (1182).

In the development of this rule, consideration was given to the following: (1) alternative approaches; and (2) overlap or duplication with other statutory and regulatory provisions. No alternative approach or duplication or overlap was identified based upon available information.

This proposed rule is accessible on the R.I. Secretary of State website (http://www.sec.state.ri.us/ProposedRules/) and the DCYF website (http://www.dcyf.ri.gov) or available in hard copy upon request (401 528-3686 or RI Relay, dial 711). Interested persons should submit data, views or written comments by February 27, 2009 to Dorothy Hultine, Implementation Director for Policy & Programs, Department of Children, Youth and Families, 101 Friendship Street, Providence, RI 02903.

In accordance with RIGL 42-35-3, an oral hearing will be granted if requested by twenty-five (25) persons, by an agency or by an association having at least twenty-five (25) members. A request for an oral hearing must be made within thirty (30) days of this notice.

The Department of Children, Youth and Families does not discriminate on the basis of race, color, national origin or handicap in acceptance for or provision of services or employment in its programs or activities.

Patricia Martinez, Director

Comprehensive Assessment and Service Planning

Rhode Island Department of Children, Youth and Families

Policy: 700.0075

Effective Date: Version 1

The Rhode Island Department of Children, Youth and Families (DCYF) utilizes a comprehensive assessment and service planning process for each child and family receiving DCYF services from the initial point of contact throughout case closure. This process is guided by principles of family-centered, culturally competent practice. Family represents the focus of all work and family members are engaged through the development and implementation of any plan. The "family" is defined broadly and includes biological parents, adoptive families, extended kinship networks, legal guardians and foster families.

<u>Department staff engage families in accordance with DCYF's vision, mission and family centered practice principles.</u> Department staff:

- Believe family engagement contributes to child safety, recognize that the family is the constant in the child's life and ensure that children maintain connections with those who matter to them;
- Partner with families and community providers through open, honest, respectful, ongoing discussions regarding rights, responsibilities, permanency, time frames and access to timely services to meet the safety needs of the children and families;
- Recognize and respect the racial, ethnic, cultural, sexual orientation and expression, special needs and socioeconomic diversity of all families and learn how such areas impact a family's parenting and decision making;
- Understand and incorporate the developmental needs of infants, children and adolescents and their families into service delivery systems;
- Link families to services that are flexible, culturally and linguistically competent and responsive to family needs;
- Continually assess family and child strengths, individual needs and modify plans accordingly; and,
- Facilitate family/professional collaboration all levels of well-being with formal, informal and natural supports including family-to-family support and networking.

The comprehensive assessment and service planning process utilizes the following standardized tools at various points throughout the Department's involvement with a family.

- Child Safety Assessment Determines the degree to which a child or youth is likely to suffer maltreatment in the immediate future.
- Intake Summary & Intake Risk Assessment Determines the risk of child maltreatment/repeat maltreatment and documents the resulting decision to assign the family to a division for further services or to refer the family to a community partner.
- Probation Risk/Needs Assessment Identifies risk to the community relating to the youth as well as family needs and the necessary supervision level of a youth placed on Probation.
- Risk and Protective Capacity Assessment Determines, through the collection and analysis of information, the degree to which key risk factors impacting safety, permanency and well-being are present in a family situation that increase the likelihood of future maltreatment/repeat maltreatment to a child or adolescent and identifies protective capacities to mitigate identified risk.

Service Plan - Addresses the necessary behavior changes linked to risk factors that affect safety, permanency and child well-being and identifies the mutual responsibilities and expectations of each parent, child and the Department toward achieving the identified permanency goal. For Juvenile Corrections, the Service Plan incorporates youth conditions of probation and the major factors that affect community safety.

The comprehensive assessment and service planning process identifies, considers and weighs factors that affect child safety, permanency and well-being. This process recognizes patterns in behavior over time and examines family strengths and protective factors to identify resources that can support the family's ability to protect the children. A child is considered safe when consideration of all available information leads to the conclusion that the child in his or her current living arrangement is not in immediate danger of harm and no interventions are necessary to ensure the child's safety. If the child is not safe, immediate interventions must be taken to ensure the child's safety. Safety interventions are responsive to the immediate and imminent danger of harm to the child and are not expected to impact identified risks of future harm. Risk assessments address the likelihood of future maltreatment. While safety concerns require immediate interventions to ensure that children are protected, risk of future harm is addressed over time with services that result in long-term positive behavioral changes.

Rhode Island General Law (RIGL) 42-72-10 and Department policy require a written service plan for the care and treatment of each child under the Department's supervision. Rhode Island Family Court Rules, Rules of Juvenile Proceedings: Rule 17C, requires a service plan be submitted within 30 (thirty) days when there is a finding of Dependency/Neglect/Abuse on a petition filed by the Department. The Department is mandated by Federal Law, State Law, and Department policy to make reasonable efforts to prevent removal of children from their families and to provide services to parents and children to maintain family preservation. Federal Law (42 USC 675) and federal regulations (45 CFR 1356.21) require that each service plan for a child placed in substitute care must include specific information to determine the appropriateness of and necessity for out-of-home placement. The service plan must include the following:

- A plan for assuring that the child receives safe and proper care and that appropriate services are provided to parents, child and foster parents;
- The health and education records of the child, to the extent available and accessible;
- Where appropriate, for a child age 16 or over, a written description of the program and services which will help prepare the youth for the transition toward a self-sufficient and productive adult life: and.
- In the case of a child with respect to whom the permanency plan is adoption or another planned permanent living arrangement (APPLA), documentation of the steps the agency is taking to find an adoptive family or other permanent living arrangement.

The Department has an appeals process for parents/guardians and children, to the extent of their ability to participate, who disagree with portions of the service plan and wish to appeal its implementation (refer to Policy 100.0055, Complaints and Hearings)

Related Procedures

Child Safety Assessment
Intake Summary
Probation Risk/Needs Assessment
Risk and Protective Capacity Assessment and Service Plan

Child Safety Assessment

- A. A Child Safety Assessment is completed during each investigation to determine if a child or youth is likely to suffer maltreatment in the immediate future, guide and document decision making in the removal or return of a child to the child's family during investigations and guide decision making on child safety factors, that if not addressed, pose a safety threat to a child.
 - Child Protective Investigator (CPI) completes a Child Safety Assessment (DCYF # 184) during each investigation for children at home.
 - 2. CPI completes a Safety Assessment Investigation Institutional (DCYF # 184A) for children living in foster care.
 - 3. The RICHIST generated DCYF #184 and DCYF #184A are created through the Investigation window as part of the investigation process (refer to RICHIST Window Help: Child Safety Assessment Window [Investigative]).
 - Responsibilities of the CPI during a CPS Investigation are outlined in DCYF Policy 500.0075, Removal of Child from Home.
- B. A Safety Plan is developed when a safety threat has been identified in the DCYF #184 or #184A and a protective intervention is put into place to remediate the unsafe condition.
 - 1. The Safety Plan contains one or both of the following elements depending on the individual safety needs of each child in the family:
 - a. In-Home Safety Plan is developed when the protective capacity of the parent or caregiver can be enhanced or supported to create safety for the child.
 - b. Out-of-Home Safety Plan is developed if reasonable efforts have been unsuccessful in preventing the removal of the child from the home, or:

 i. Existing protective capacity of the parent or caregiver cannot be enhanced or supported to provide for the child's safety; or
 - ii. There is no parent or caregiver to provide for the child's safety needs.
 - 2. The safety plan is implemented and active as long as threats to child safety exist and caregiver protective capacities are insufficient to assure a child is protected.
 - 3. The Safety Plan is the initial stage of the comprehensive family assessment process and contains information that must be reviewed at critical points through DCYF involvement and documented in the family's service plan
 - 4. The safety plan must be well planned and then written in a detailed manner. Each safety plan will:
 - Specify what foreseeable danger threats exist.
 - b. Identify how the foreseeable danger will be managed, including by whom, under what circumstances and agreements and in accordance with specification of time requirements, availability, accessibility and suitability of those involved.
 - Consider caregiver awareness and acknowledgement of safety threats and caregiver acceptance and willingness for the plan to be implemented.
 - d. Include how the plan will be overseen by Department staff across divisions.

Intake Summary

- A. The RICHIST generated Intake Summary (DCYF # 071) is completed as part of the intake process for child welfare, non child abuse/neglect matters, and new cases resulting from completed or pending child abuse/neglect investigations (refer to Policy 600.0000, Intake Process Child Welfare (Non Child Abuse/Neglect) Matters, and Policy 600.0005, Intake Process for New Cases Resulting from Completed Child Abuse/Neglect Investigation Indicated Case).
- B. The DCYF # 071 contains identifying family information on active and inactive children, a summary of issues impacting current family functioning, any prior DCYF history, the protective plan completed during the investigation, a summary of risk and mitigating factors, an update on the safety plan and status of the children and the disposition of the case (refer to RICHIST Window Help: Intake Summary Window).
- C. Communication between the initial CPI and Intake staff occurs upon case transfer to ensure that the safety threats identified during investigation and the safety plan are fully communicated to and understood by the Intake worker receiving the case.
 - In addition to transmission of necessary documentation, the primary staff
 assigned to the family engage DCYF workers, family members, caregivers,
 formal providers, informal providers and natural supports to the family in the
 ongoing monitoring of safety management.
 - 2. The safety plan is updated, if appropriate, to reflect the protective interventions in place to ensure child safety and reduce risk of future maltreatment.
- D. Intake staff complete the RICHIST generated Intake Risk Assessment to build on the information contained in the DCYF#184 and DCYF#071 to document the resulting decision to assign the family to a division for further services or to refer the family to a community partner (refer to RICHIST Window Help: The Child Welfare Risk Assessment Window).

Probation Risk/Needs Assessment

- A. A Probation Risk/Needs Assessment is used to identify risk to the community relating to the youth placed on Probation as well as family needs for the necessary supervision level of the youth (refer to Policy 800.0005, Juvenile Probation Supervision).
- B. Juvenile Corrections worker completes the RICHIST generated Probation Risk/Needs
 Assessment upon assignment to a youth on Probation and quarterly throughout the length of time the youth is on Probation (refer to RICHIST Window Help: Probation Risk/Needs
 Assessment Window and Probation Risk/Needs Re-assessment Window).

Risk and Protective Capacity Assessment and Service Plan

- A. The Risk and Protective Capacity Assessment and Service Plan are developed jointly in partnership with the DCYF worker, child (if age appropriate), parent(s)/caregiver(s), formal providers, informal providers and natural supports to the family.
- B. Assessment of safety and assessment of risk are two distinct, yet integrated critical functions in child protection. These assessments and subsequent decisions are made while considering the child's need for permanency and well-being and occur throughout the duration of the family's involvement with the Department, specifically at critical decision points including, but not limited to, initial opening to the Department, change in family circumstances, a child's move or change in placement, reunification and case closure.
- C. Communication between the Intake staff and ongoing primary worker occurs upon case transfer to ensure that the safety threats identified during investigation and/or intake and the safety plan are fully communicated to and understood by the primary worker receiving the case.
 - In addition to transmission of necessary documentation, the primary staff
 assigned to the family engage DCYF workers, family members, caregivers,
 formal providers, informal providers and natural supports to the family in the
 ongoing monitoring of safety management.
 - 2. The safety plan is updated, if appropriate, to reflect the protective interventions in place to ensure child safety and reduce risk of future maltreatment.
- D. The Risk and Protective Capacity Assessment (DCYF #148) and Service Plan (DCYF #032) are completed for all families receiving services through Family Services Units (FSU) and for all families of youth active with Juvenile Correctional Services (JCS) including youth assigned to a Probation Unit and youth sentenced to the Rhode Island Training School (RITS) (refer to RICHIST Window Help: Family Centered Risk and Protective Capacity Assessment Window; FCRPCA Risk Area Topic Summary; RICHIST Window Help: FCRPCA Link to Service Plan and RICHIST Window Help: Service Plan Procedures).
 - For families open to the Department as a result of a CPS investigation relating to an allegation of child abuse and/or neglect, the Risk and Protective Capacity Assessment:
 - Includes parent(s)/caregiver(s) who have contact with the child and are providing care;
 - b. Is used to assess every child in the household at the initial assessment and formal six month re-assessments; and,
 - c. Is used to re-assess risk on every child in the household prior to reunification or significant changes in family situation.
 - 2. For families open to the Department for issues that do not involve a CPS investigation relating to an allegation of child abuse and/or neglect (Truancy, Wayward, Delinquency, Drug Court, Children's Behavioral Health or JCS), the Risk and Protective Capacity Assessment:
 - Includes parent(s)/caregiver(s) who have contact with the child and are providing care;
 - b. Is used to assess every active child in the household at the initial assessment and formal six month re-assessments;

- Is used to screen inactive children for safety and risk issues documenting safety and well-being of inactive children in the Family's Story section at the initial assessment and formal six month re-assessments.
 Documentation includes the status of a child's substance use, mental health and developmental stability, educational stability, medical and dental needs and vulnerability and self protection; and,
- d. Is used to re-assess risk on every active child in the household prior to reunification or significant changes in family situation.
- Worker must attempt to engage all members of the family in the assessment process and document efforts in the Family's Story. Worker is responsible to complete as much of the DCYF #148 as possible to effectively evaluate and address risk factors requiring DCYF's involvement.
- 4. Once termination of parental rights occurs, the Risk and Protective Capacity assessment becomes child specific and documentation on each inactive child and parent(s)/caregiver(s) is no longer required.
- E. The Service Plan is time-limited, individualized, strength-based and outlines the necessary behavior changes required to mitigate risk factors identified through the assessment process.
 - . Timeframes for completion, review and approval of the Service Plan:
 - a. Family Services and Juvenile Corrections youth assigned to Probation
 - . The initial DCYF #032 is completed by the assigned Family
 Services Caseworker or Juvenile Corrections worker within sixty
 (60) days of removal from the home or assignment to FSU/JCS.
 - ii. In the event adjudication occurs on a Dependency, Neglect and/or Abuse petition prior to the timeframe above, the Service Plan is developed and submitted to the Court within thirty (30) days of the adjudication.
 - iii. Subsequent Service Plans are completed by the assigned primary service worker at six (6) month intervals.
 - iv. For a child active in FSU/Probation where child abuse or neglect is subsequently indicated, the primary service worker is responsible for any needed changes in an existing DCYF #032 within thirty (30) days of the completed investigation.
 - v. Six months prior to the anticipated discharge date from DCYF care a transition/discharge plan is created (refer to RICHIST Window Help: Family Centered Risk and Protective Capacity Assessment Window, Service Plan Window, and Policy: 700.0020, Independent Living).
 - b. Corrections youth sentenced to the Rhode Island Training School
 - i. The initial DCYF #032 is completed thirty (30) days following adjudication.
 - ii. The primary Juvenile Corrections worker is responsible for creating and maintaining the DCYF #032 for the resident in RICHIST.
 - iii. The RI Training School Education Program representative is responsible for entering educational information for the resident in RICHIST.
 - iv. The Unit Manager is responsible for overseeing the implementation of the resident's Service Plan and for bringing it to the attention of appropriate staff.
 - v. The Service Plan is reviewed and revised, if appropriate, at the bi-monthly review meeting (refer to RICHIST Window Help: RITS ITP/Bi-Monthly Review Completion).

- vi. Sixty (60) days prior to a youth's discharge from the RITS, a transition/discharge planning meeting takes place to identify clinical and medical needs, as well as to identify an appropriate permanency goal for the youth (refer to RICHIST Window Help: Transitional Living & Discharge Plan Templates).
- 2. Any change in the DCYF #032 which does not alter the permanency goal for the child is entered as an Addendum to the DCYF #032. Changes must be acknowledged by the signature of all parties who originally signed the DCYF #032 (refer to RICHIST Window Help FCRPCA/Service Plan Addendum).
- 3. Once a Service Plan is incorporated into a court order, any change in the plan must be put before the court in the form of a motion filed in advance of the court date. This motion must be filed in conjunction with DCYF legal staff with notice provided to other involved parties.
- 4. The Department, in compliance with Federal Law, confers with the family to review the permanency plan of each child in placement at least every six (6) months (refer to Policy 700.0030, Administrative Review).
- In dual supervision cases, staff communicate and collaborate around casework responsibilities and decisions (refer to Policy 800.0000, Transfer and Dual Supervision of Youth by Juvenile Probation and Family Services).
- 6. The completed Service Plan is sent to the primary worker's supervisor for approval.

F. Engaging family systems and collateral contacts

- 1. Coordinated meetings occur with formal providers, informal providers and natural supports throughout DCYF's involvement to capture comprehensive information about the family. Meetings can occur at a DCYF office, RITS, in the family's home, at a community provider's office or at a location appropriate to meet the needs of the family. A signed Authorization to Obtain or Release Confidential Information (DCYF #007) must be obtained when appropriate.
 - a. The capacity of a child to participate will vary among children. Most school-aged children can be expected to participate to some extent if they are verbal and understand most of the events occurring in their lives.
 - As age appropriate, worker consults the child on the child's goals and services, reviews the plan with the child to ensure the child's input, explains the plan and terms used in language the child can understand, and includes the child in periodic service planning meetings.
 - The Department is responsible to locate and engage absent parents.
 Efforts to engage and re-engage the family are documented in the DCYF record (refer to Policy 700.0235, Locating and Engaging Absent Parents).
 - d. If a putative father notifies the Department that he may be the father of a child in care, steps must be taken to determine paternity. Once paternity is established, the father is included in the service planning process.
 - Worker must make every effort to personally interview family members, including children, in the family's home, when appropriate. If not appropriate, worker documents reasons in the DCYF record.
 - 3. Ongoing communication and visits with the family, including individual, parent/child and/or family interviews, are utilized to continuously gather information and assess family dynamics and functioning relating to safety and risk.

Information collected by the Department relating to the family is entered into
 RICHIST in accordance with the time frames detailed in Policy 700.0100, Rhode

 Island Children's Information System (RICHIST).

G. Content of the Service Plan

- 1. The Service Plan identifies how the family will mobilize their strengths and protective capacities to mitigate identified safety and risk factors. Specific action steps detail what formal providers, informal providers and natural supports are available to help achieve the required behavior change in a way that ensures safety, well-being and supports permanency for the child.
- 2. Each Service Plan includes a visitation plan (refer to Policy 700.0040, Visitation Policy) if the child is in care including details specific to the following:
 - a. Parent/Guardian Visits
 - b. Sibling Visits (If siblings are not placed together what is the plan for frequent sibling interaction)
- 3. Each Service Plan must include a permanency goal specific to the family's situation including a projected date for achieving the identified permanency goal. The goals are:
 - a. Maintenance at home
 - i. For a child remaining at home, the permanency goal is maintenance of the child at home.
 - ii. The child's safety must be assured.
 - iii. The Service Plan must describe the services offered and provided to prevent removal of the child from the home including the individual services provided to each parent and child.
 - iv. When this goal is selected, worker determines if the child is at imminent risk to be placed in substitute care in RICHIST (refer to RICHIST Window Help: Service Plan Window).

b. Reunification

- For a child in placement, the initial permanency goal is reunification in nearly all situations with specific exceptions as approved by the Family Court.
- ii. Family reunification is the planned process of reconnecting children in out-of-home care with their families by means of a variety of services and supports to the children, their families, and their foster parents or other service providers.
- iii. Service planning is directed toward addressing those behaviors associated with safety and risk factors which led to the child being removed from his or her home.
- iv. The Department assesses and refers the family to the
 appropriate array of services to achieve reunification in the
 shortest time possible with consideration for the child's safety
 and well-being.
- v. The Service Plan must be designed to achieve a safe placement for the child in the least restrictive (most family-like) setting available, discuss the proximity of the child's placement to the home of the parents, and discuss how the placement is consistent with the best interests and special needs of the child.
- vi. For youth sentenced to the RITS, the initial permanency goal is generally reunification. For youth transferring from FSU or Probation, the goal then reflects prior history. At the time of the discharge/transition meeting, an appropriate permanency goal

will be identified after a review of the youth's individual/family needs.

c. Adoption

- When reunification is not viable, adoption by relatives, foster parents, or a licensed adoptive resource is the preferred permanency goal.
- ii. The Service Plan must document the steps to finalize a

 placement including child-specific recruitment efforts to facilitate
 an orderly and timely in-State and interstate permanency
 placement when the permanency goal is or becomes adoption.

d. Guardianship

- i. If the court has determined that reunification and adoption are not viable permanency options, the next preferable goal is legal quardianship.
- ii. Legal guardianship enables the caretaker to exercise all the legal rights and responsibilities of a parent without the on-going oversight of DCYF.
- iii. Guardianship may be an option for youth with or without the termination of parental rights.
- Another Planned Permanent Living Arrangement (APPLA) includes;
 Permanent placement with a "fit and willing relative", Planned Living
 Arrangement /Independent living, when appropriate for youth over age
 16, and Planned Living Arrangement/Other.
 - i. APPLA is a permanent placement for the child that identifies a lifelong connection.
 - ii. The Service Plan must document the steps to finalize a placement including child-specific recruitment efforts to facilitate an orderly and timely in-State and interstate permanency placement when the permanency goal is or becomes APPLA, as well as must specify who will be the permanent connection for that youth, if identified, and how DCYF is working to maintain that connection.
 - iii. APPLA is appropriate only when the court has been provided with documentation that compelling reasons exist which make all other permanency options unacceptable. These reasons shall be re-examined at each Administrative Review and every permanency hearing to access whether a more preferred permanency option is possible.
 - iv. ASFA indicates that a "fit and willing relative" can provide APPLA and that termination of parental rights does not have to occur within the allotted time frame if a compelling reason is provided to the Court.
 - v. A relative may be "fit and willing" to care for the child without being prepared to consider legal quardianship or adoption.
 - vi. When determining if placement with a "fit and willing relative" is appropriate, the worker must consider the relationship between the child and parent(s), the child and relative(s), and the relative(s) and the child's parent(s). A compelling reason is documented and provided to the Court addressing the established relationships and why adoption or guardianship are not viable permanency options.
- 4. Section 475 (1) (D) of the Social Security Act states that where appropriate, for a child age sixteen (16) or older, a written description of the programs and services

which will help such child prepare for the transition from foster care to independent living must be included in their Service Plan to address the following (refer to Policy 700.0200, Independent Living):

- a. Housing
- b. Financial support
- c. Health care
- d. Education/vocation planning
- e. Procurement of necessary documents
- f. Personal community support systems
- 5. The worker must involve children and parents/other primary caregivers in all aspects of planning and implementation whenever possible.
 - a. Obtaining signatures on the Service Plan confirms that all parties
 participated in the development, review, and revision of the plan and
 were provided the opportunity to agree or disagree with the content.
 - b. Each party signing the Service Plan has the right to disagree with the content of the plan and appeal implementation of the plan (refer to Policy 100.0055, Complaints and Hearings).
 - i. The primary worker explains the Department's appeal procedure to the parents and child, to the extent of his/her ability to understand, at each signing of the Service Plan (DCYF #032).
 - ii. Worker assists each parent and child to participate in the appeal process by providing at a minimum a copy of the DCYF form # 016, Formal Request for Hearing, instructions for completing the form, and guidance as to how to process the appeal through the various stages.
 - c. The following individuals sign the Service Plan:
 - i. Parents/guardians
 - ii. Children twelve (12) years of age or older (with capacity to participate)
 - iii. DCYF primary service workers and supervisors
 - iv. Foster parents or provider agency representatives who are involved in the development of the Service Plan and are directly responsible to provide the services prescribed in the Service Plan
 - v. Department staff person, other than the primary service worker, who is involved with the family
 - vi. Pre-adoptive parents in cases where parental rights have been terminated and the child is in a pre-adoptive home where the foster parents have initiated the adoption process
- H. Distribution of the Risk and Protective Capacity Assessment and Service Plan
 - The primary service worker must use discretion to maintain the family's right to privacy. A signed Authorization to Obtain or Release Confidential Information (DCYF #007) must be obtained when appropriate (refer to Policy 100.0000, Confidentiality).
 - 2. The Risk and Protective Capacity Assessment and Service Plan are included in referral packets for treatment providers and placement providers.
 - 3. The Risk and Protective Capacity Assessment and Service Plan are available to quality assurance staff in the DCYF Data and Evaluation Unit for review prior to the scheduled date of the Administrative Review or during routine Child and Family Service in RICHIST.

- 4. The original Service Plan is filed in the case record. A copy is given to the parents, and copies are provided to children, if age appropriate, and to each outside agency involved in the development of the Service Plan or directly responsible to provide services prescribed in the Service Plan.
- 5. The Service Plan includes the Educational/Medical Statement (DCYF #132)
 which contains federally required health and education information that must be
 provided to the foster care provider when a child enters placement. DCYF form
 #132 is updated and provided to the foster parent/provider at the time of each
 placement. Federal Law requires the Department to provide, at no cost, a copy of
 the child's health and education record to the child at the time the child exits
 foster care at age of majority. The most recent information required on each child
 is as follows:
 - a. Name and address of health and educational providers;
 - b. Grade level performance:
 - c. School record;
 - d. Assurances that the child's placement in foster care takes into account proximity to the school in which the child is enrolled at the time of placement;
 - e. Record of immunizations;
 - f. Known medical problems;
 - g. Medication; and,
 - h. Any other relevant health and education information concerning the child deemed appropriate by the agency.
- 6. The DCYF #132 is provided to the foster parents separate from the Service Plan if it is not appropriate for the caretakers to receive the entire Service Plan.
- 7. Copies of the Service Plan are periodically provided to the Family Court in situations where there is Court involvement with the family.
 - a. Within thirty (30) days of adjudication on a Dependency/Neglect/Abuse petition;
 - No less frequently than on an annual basis at the time of the
 Permanency Hearing (refer to Policy 1100.0000, Obtaining Custody of Child through the Dependent/Neglect/Abuse Petition), and;
 - c. At the time of the Family Court review of voluntary placements
- 8. A copy of the Service Plan is given to the CASA or Guardian Ad Litem (GAL)

Family Assessment

Rhode Island Department of Children, Youth and Families Policy: 700.0075

Effective Date: October 8, 1984 Revised Date: November 21, 2005

The Rhode Island Department of Children, Youth and Families utilizes the principles of family centered practice in developing a Family Assessment. The purpose of the assessment is to identify, in partnership with the family, the plans and services needed to ensure safety and permanency for the child and child and family well-being. The "family" is defined broadly and includes more than biological relations. Through the assessment process, risk factors, service needs and family strengths are identified in a manner that is respectful to the family and sensitive to their culture and ethnicity. A Family Assessment, which lays the foundation for the Department's intervention with a family, emphasizes family strengths as much as family needs. A Family Assessment is required for all families receiving DCYF services and must be completed prior to the development of the Service Plan.

Version: 3

A comprehensive assessment of a family initiated early in the process of the Department's involvement is critical in implementing the provisions of the Adoption and Safe Families Act (ASFA) (PL 105-89). ASFA requires that child safety be the paramount concern in making service provision, placement and permanency planning decisions. ASFA includes provisions that shorten the time frame for making permanency planning decisions and establishes time frames for initiating proceedings to terminate parental rights. DCYF staff make critical decisions relating to child safety, reunification, family preservation and termination of parental rights based on a comprehensive assessment of the family's strengths, needs and ability to provide a safe, stable home environment within a reasonable period of time.

Family information contained within the Department's records is confidential as a matter of State and Federal law, except where the statute allows the sharing of information for purposes of providing care and treatment to a family. An evaluation of family functioning and service needs, based on information obtained from the family and other community partners, is essential in completing a comprehensive assessment of the family. It is imperative that the sharing of information be continuous between DCYF and the family in an effort to support relationship building to effectively evaluate and address the issues that initiated the Department's involvement. The assessment process includes the engagement of collateral contacts, highlights the comprehensive needs and individual strengths, capabilities and resources of the child and family, and begins to identify how multiple agencies can support the family and build on their strengths while using discretion to maintain the family's right to privacy. This engoing process evolves as the worker/family relationship develops, providing an opportunity for the family and DCYF staff to review concerns, strengths and resources together. A Family Reassessment is completed every six months to continually address changes in family functioning throughout the Department's involvement with the family.

Related Procedures

<u>Family Assessment and Reassessment</u> <u>Related Policies</u> <u>Service Plan</u>

Family Assessment and Reassessment

Procedure From Policy 700.0075: Family Assessment

- A. The Family Assessment (DCYF #148) and Reassessment (DCYF #148A) documents are located in RICHIST and are created for all families receiving services through Family Services Units (FSU) and for all families of youth active with Probation Units or sentenced to the Rhode Island Training School (RITS).
 - 1. Assessment is an ongoing process that is conducted throughout the Department's involvement with the family.
 - Each family will have one initial Family Assessment with subsequent Re-Assessments.
 - a. Each parent (including non-custodial parent), significant others living in the home and every child in the family, active or inactive with the Department, will be included in the assessment process. Information is documented in the appropriate sections of the Family Assessment and Reassessment.
 - b. Workers are responsible to complete as much of the Family Assessment and Reassessment as possible to effectively evaluate and address the issues that initiated DCYF's involvement. Efforts to engage family members are documented in the DCYF record.
 - Workers are responsible to make efforts to locate absent parent(s) and to document attempts in the DCYF record.
 - In dual supervision cases, staff from each division enter data into the same Family Assessment or Reassessment.
 - 4. Once a Family Assessment is approved, a Reassessment may be created at any point.
- B. Timeframes for the completion, review, revision and approval of the Family Assessment

 1. Family Services and Probation Units
 - a. The initial Family Assessment is completed by the assigned Family Services Caseworker/Probation Officer prior to the development of the Service Plan. The Service Plan must be completed within sixty (60) days of the child's removal from the home or within sixty (60) days of assignment if the child remains at home (refer to RICHIST Help, Family Assessment Window).
 - b. In cases where the Family Court has made a finding of Dependency/Neglect/Abuse on a petition filed by the Department and a Service Plan is required to be submitted to the Court within thirty (30) days of the finding, the Family Assessment is completed prior to the development of the Service Plan (refer to Policy 700.0025, Service Plan).
 - c. Revisions can be made to an approved initial Family Assessment for up to six (6) months or until a Reassessment has been created. Revisions to the initial Family Assessment may be necessary prior to the six-month Reassessment if:
 - A substantive change in circumstances occurs.
 - ii. More detailed information is obtained on the family.
 - iii. A family re-opens to the Department within six (6) months and it is determined to be appropriate to add to the existing initial assessment after a case consultation between primary worker and supervisor.
 - iv. A family transfers to a different division and it is determined to be appropriate to add to the existing initial assessment after a case consultation between primary worker and supervisor.

- d. If it is appropriate to add information to an existing initial assessment, primary supervisor authorizes the "reopening" of the assessment and information is added.
- e. Subsequent Family Reassessments are completed by the assigned Family Services Caseworker/Probation Officer every six (6) months throughout the Department's involvement with the family.
- f. In cases where there is dual responsibility, the Probation Officer, FSU Caseworker or the respective supervisors discuss and mutually decide upon primary and secondary assignments in RICHIST and mutual responsibilities in completing the Family Assessment and subsequent Reassessments (refer to Policy 800.0000, Transfer and Dual Supervision of Youth by Juvenile Probation and Family Services).
 - i. Workers will collaborate to determine which sections should be completed by FSU or Probation.
 - ii. If FSU or Probation employees are unable to collaborate or resolve differences, the matter will be referred to the next level in the chain of command.
 - ii. Completed Family Assessment and Reassessment are sent to the primary worker's supervisor for approval. All sections within the Family Assessment must be addressed prior to sending the document for approval.

2. Rhode Island Training School

- a. The initial Family Assessment is completed by the assigned Clinical Social Worker prior to the development of the Service Plan. The Service Plan must be completed within thirty (30) days following adjudication of youth sentenced to the Rhode Island Training School (refer to RICHIST Window Help, Family Assessment Window).
- b. Revisions can be made to an approved initial Family Assessment for up to six (6) months or until a Reassessment has been created. Revisions to the initial Family Assessment may be necessary prior to the six-month Reassessment if:
 - i. A substantive change in circumstances occurs.
 - ii. More detailed information is obtained on the family.
 - iii. A youth is adjudicated within six (6) months of a previous discharge and it is determined appropriate to add to the existing initial assessment after a case consultation between Clinical Social Worker and supervisor.
 - iv. A youth transfers to the RITS from a different division and it is determined appropriate to add to the existing initial assessment after a case consultation between Clinical Social Worker and supervisor.
- If it is appropriate to add information to an existing initial assessment, primary supervisor authorizes the reopening of the assessment and information is added.
- d. Subsequent Family Reassessments are completed by the assigned Clinical Social Worker every six (6) months throughout the youth's sentence.
- e. Completed Family Assessment and Reassessment are sent to the primary worker's supervisor for approval. All sections within the Family Assessment must be addressed prior to sending the document for approval.

f. In a case where a youth is at the RITS and his or her siblings are open to Family Services or Probation, workers will collaborate to determine which sections should be completed by FSU, Probation and the RITS.

C. Engaging family systems and collateral contacts

- 1. The Family Assessment is developed in partnership with the worker and family.
- 2. The Family Services Caseworker/Probation Officer/ RITS Clinical Social Worker must make every effort to personally interview family members, including children, in the family's home, when appropriate. If not appropriate, worker documents reasons in the DCYF record.
- 3. Ongoing communication and visits with the family, including individual, parent/child and/or family interviews, are utilized to gather information for the development of a comprehensive assessment of family dynamics and functioning.
- 4. Contacts are made with extended family, school, mental health, medical and other community providers to gain a comprehensive understanding of the family. A signed Authorization to Obtain or Release Confidential Information (DCYF #007) must be obtained when appropriate.
- For children receiving services through a Family Services Unit or a Probation Unit, a coordinated meeting with family members and service providers is scheduled at the beginning of DCYF's involvement to capture comprehensive information about the family. The meeting can be scheduled at a DCYF office, in the family's home, at a community provider's office or at a location appropriate to meet the needs of the family.
- For youth sentenced to the RI Training School, information to complete the Family Assessment will be gathered at the initial Service Plan meeting. The youth's family members are invited to participate in the meeting (refer to Policy 700.0025, Service Plan).
 - a. The Clinical Social Worker interviews the youth.
 - b. If family members are unable to attend the Service Plan meeting the Clinical Social Worker will attempt to contact each parent (including non-custodial parent), significant others and each child in the family.
- 7.In the event the family is unwilling to participate in the assessment process and/or worker is unable to gather information to complete one or more sections of the assessment, worker must document efforts to engage the family to obtain necessary information in the DCYF record.

D. Gathering information and completing the Family Assessment and Reassessment

- 1. Information collected by the Department relating to the family will be entered into RICHIST in accordance with the time frames detailed in Policy: 700.0100, Rhode Island Children's Information System (RICHIST).
- Information entered into the various windows of RICHIST will pre-fill into selected sections of the Family Assessment and Reassessment documents.
- 3. Worker brings a copy of the Family Assessment and/or Reassessment to scheduled meetings to use as a guide in gathering appropriate information on the family.
- 4. There are seven sections to the Family Assessment. Each section has corresponding topics within the section to capture appropriate information to meet ASFA guidelines.
 - a. Face Sheet Information
 - b. Agency Involvement
 - c. Family History

A separate Family History section is created for each parent and significant other. Each person identified as a caretaker or individual living in the home will be included in the Family History. Child/Youth History A separate Child/Youth History section is created for each active child. Worker will document who is providing the information on the child. Family Dynamics Include inactive child(ren) in the family addressing safety and well being status. Worker will document who is providing the information on the child(ren). Family Network Assessment Summary There are ten sections in the Family Reassessment that capture appropriate information to meet ASFA guidelines. The Reassessment addresses both active and inactive child in the family. a.Face Sheet Information b.Safety c.Risk d.Permanency e.Well-Being f.Strengths g. Visitation h.Family Situation i.Out of Home Placement/Training School Unit Adjustment j. Ongoing Assessment/Next Steps Distributing the Family Assessment and Reassessments The primary service worker must use discretion to maintain the family's right to privacy. A signed Authorization to Obtain or Release Confidential Information (DCYF #007) must be obtained when appropriate (refer to Policy 100.0000, Confidentiality). Family Assessment and Reassessments are included in referral packets for treatment providers, placement providers and internal DCYF Care Management Team (CMT) and Resource Management Team (RMT) referrals. Family Assessment and Reassessments are available to the Administrative Review Unit (ARU) in RICHIST for review prior to the scheduled date of the Service Plan Review. The Family Assessment can be customized during printing by choosing a combination of participants and topics (refer to RICHIST Help, Family Assessment Window: Options Button

Service Plan

Rhode Island Department of Children, Youth and Families

Policy: 700.0025

Effective Date: October 4, 1984 Revised Date: November 21, 2005 Version: 6

The Rhode Island Department of Children, Youth and Families utilizes a family centered practice approach in developing, with the family, a Service Plan. The Service Plan outlines the Department's intervention and array of services deemed appropriate to build on the strengths and address the individual needs of each family. During initial and ongoing family assessments, areas of risk and safety as well as the strengths and needs of the family are jointly identified. Building upon this process, the goal of service planning is to develop an individualized culturally sensitive family plan that meets the safety, permanency and well-being requirements of the Adoption and Safe Families Act (ASFA) (PL 150-89). The child's health, safety and well-being are the paramount concerns in making reasonable efforts towards reunification with parents or guardians.

The Department is mandated by Federal Law, State Law and Department Policy to make reasonable efforts to prevent removal of children from their families and to provide services to parents and children to maintain family preservation. Federal Law (42 USC 675) and federal regulations (45 CFR 1356.21) require that each service plan for a child placed in substitute care must include specific information to determine the appropriateness of and necessity for out-of-home placement.

Rhode Island General Law (RIGL) 42-72-10 and Department policy require a written service plan for the care and treatment of each child under the Department's supervision. This applies to children and youth:

- Receiving services through a Family Services Unit (FSU)
- Active with Probation
- Sentenced to the Rhode Island Training School (RITS)

Rhode Island Family Court Rules, Rules of Juvenile Proceedings: Rule 17C, requires a service plan be submitted within 30 (thirty) days when there is a finding of Dependency/Neglect/Abuse on a petition filed by the Department.

The Service Plan must:

- •Be developed jointly with parents or guardians and child, if age appropriate.
- •Be developed no later than sixty (60) days from the date of removal from home for child in care open to FSU/Probation or sixty (60) days from assignment for child in the home.
- •Be developed and submitted to the Family Court within thirty (30) days of a finding of Dependency/Neglect/Abuse on a petition filed by the Department. In such cases the completion of the service plan will need to occur prior to sixty (60) days to adhere to the Family Court Rule relating to Dependency/Neglect/Abuse findings.
- •Be developed within thirty (30) days for all RITS sentenced youth.
- •Contain a permanency goal for the child.
- Describe the services offered and provided to prevent removal of the child from the home, including the individual services provided to each parent, child and foster parent to reunify the family.
- •Be designed to achieve a safe placement for the child in the least restrictive (most family-like) setting available, address the proximity of the child's placement to the home of the parents when the permanency goal is reunification and address how the placement is consistent with the best interests and special needs of the child.
- Contain a visitation plan that is consistent with the specified permanency goal (refer to Policy 700.0040, Visitation).
- •Document the steps to finalize a placement when the permanency goal is or becomes adoption or another permanent placement option.

- •Include to the extent available and accessible updated health and education records of the child (Federal Law also requires the Department to provide a copy of this information to the foster parent or foster care provider at the time of each placement).
- •Be formally reviewed by the Administrative Review Unit (ARU) no less frequently than every six (6) months for child or youth in out of home placement.
- •Be signed by all appropriate parties including age appropriate child (including any addenda added after the original signature).
- •Include for youth 16 and older a written description of the programs and services which will help the youth prepare for the transition from foster care to independent living.

The DCYF Service Plan (DCYF #032) is time limited, individualized, strength based and needs driven. The Service Plan clarifies how the parties will work together by identifying mutual responsibilities and expectations of each parent, child and the Department toward reaching the identified permanency goal. Staff must involve both the custodial and non-custodial parent in service planning and service provision. The Department is responsible to locate and engage absent parents in the service planning process.

Full Disclosure begins, emphasizing the shortened time frames for reunification required by ASFA, as soon as a child is placed in substitute care and continues throughout the family's involvement with the Department. Full Disclosure involves discussions with the birth family regarding their legal rights, responsibilities, permanency timeframes, permanency options, consequences and expectations of the Department. Concurrent Planning, which requires intensive work to achieve reunification while identifying a placement option for the child that will be permanent if reunification efforts are not successful, should be practiced when appropriate and reflected in the Service Plan (refer to Policy 700.0215, Concurrent Planning Policy).

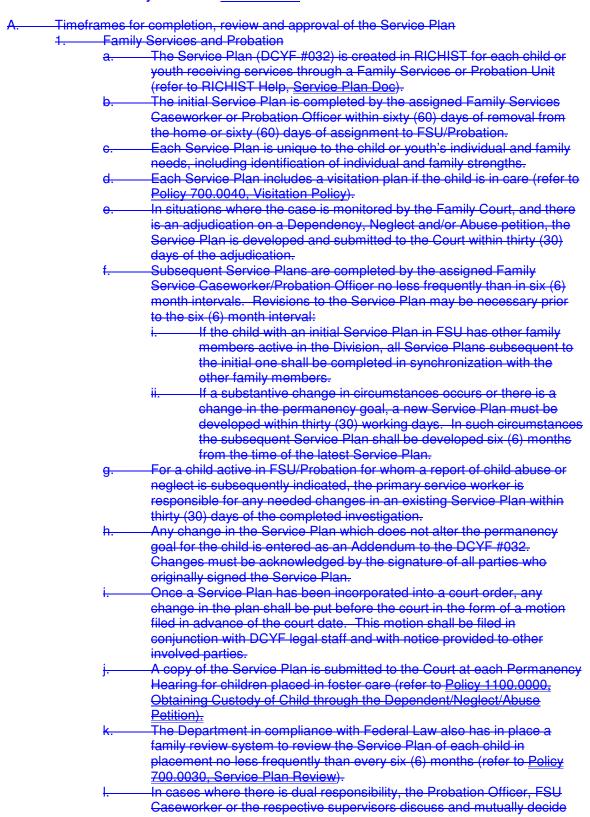
The Department has an appeals process for parents/guardians and children, to the extent of their ability to participate, who disagree with portions of the Service Plan and wish to appeal its implementation (refer to Policy 100.0055, Complaints and Hearings).

Related Procedures
Service Plan

Related Policy
Service Plan Review
Family Assessment

Service Plan

Procedure From Policy 700.0025: Service Plan



upon primary and secondary assignments in RICHIST and mutual responsibilities in service planning (refer to <u>Policy 800.0000, Transfer and Dual Supervision of Youth by Juvenile Probation and Family Services</u>

- i. For youth active with FSU who are placed on Probation, the Probation Officer will include the Conditions of Probation (COP) and other appropriate objectives and tasks into the existing approved Service Plan in RICHIST through an addendum.
- ii. For youth active with Probation who open for services in FSU, the FSU Caseworker will include appropriate objectives and tasks specific to the individual needs of the family into the existing approved Service Plan in RICHIST through an addendum.
- iii. If there is not an existing approved Service Plan, the FSU
 Caseworker and Probation Officer will coordinate the
 development of the Service Plan and include appropriate
 objectives and tasks specific to the individual needs of the family
 into the unapproved Service Plan in RICHIST.
- m. For youth transferring to FSU or Probation from the RITS, the Discharge Plan that is created as part of the Service Plan remains active for sixty (60) days after the youth's release, with the ability to amend prior to creating a new Service Plan (refer to Policy 1200.1620, Transfer of Youth to/from the Rhode Island Training School, RITS).
- n. Completed Service Plan is sent to the primary worker's supervisor for approval.
 - All sections of the Service Plan must be completed prior to sending the document for approval, including the visitation plan and identification of family strengths.
 - ii. For dual supervision cases, the worker with primary assignment is responsible to send the Service Plan to his or her supervisor for approval.
 - ii. If the FSU Caseworker, RITS Clinical Social Worker and/or Probation Officer do not agree about sections of the Service Plan and are unable to resolve differences, the matter will be referred to the next level in the chain of command.

2. The Rhode Island Training School

- a. The Service Plan (DCYF #032) is created in RICHIST for a youth sentenced to the RI Training School unique to his or her individual and family needs, including identification of individual and family strengths and a visitation plan if appropriate (refer to RICHIST Help, Service Plan Doc).
- b. The initial Service Plan is completed by the assigned RITS Clinical Social Worker thirty (30) days following adjudication.
- c. The Coordinator of Clinical Services, or appropriate designee, will schedule a Service Plan meeting within seven (7) days and the meeting will occur within thirty (30) days of the youth's sentencing.
 - i. If there is dual supervision, the appropriate FSU

 Caseworker/Probation Officer will be notified of the meeting and will make every effort to attend.
 - ii. Also invited to the meeting will be the youth's parents, unit manager, clinical social worker, clinical director or designee, medical/clinical representative and RI Training School Education Program representative.
 - iii. An individualized Service Plan outlining academic and/or vocational programs and various treatment programs shall be developed at the Service Plan meeting.

coordinated, when appropriate, to provide a comprehensive integrated plan (refer to Policy 1200.1732, The Individualized Education Program (IEP) Policy). The Service Plan shall be reviewed and revised, if appropriate, at the bimonthly review meeting. Sixty (60) days prior to a youth's discharge from the RITS, a transition/discharge planning meeting takes place to identify clinical and medical needs, as well as to identify an appropriate permanency goal for the youth. f. The clinical social worker is responsible for creating and maintaining the Service Plan for the resident in RICHIST. g. The RI Training School Education Program representative is responsible for entering educational information for the resident in RICHIST. The unit manager is responsible for overseeing the implementation of the resident's Service Plan and for bringing it to the attention of appropriate staff. In cases where there is dual responsibility, the Probation Officer, RITS Clinical Social Worker, FSU Caseworker or the respective supervisors discuss and mutually decide upon primary and secondary assignments in RICHIST and mutual responsibilities in service planning. For youth sentenced to the RITS who transfer from Family Services or Probation, the RITS Clinical Social Worker will include appropriate objectives and tasks specific to the youth's sentence into the existing approved Service Plan in RICHIST through an addendum. For youth sentenced without prior DCYF involvement, the RITS Clinical Social Worker will create a Service Plan in RICHIST. Completed Service Plans are sent to the primary worker's supervisor for approval. All sections of the Service Plan must be completed prior to sending the document for approval, including the visitation agreement and identification of family strengths. For dual supervision cases, the worker with primary assignment is responsible to send the Service Plan to his or her supervisor If the RITS Clinical Social Worker, FSU Caseworker and/or Probation Officer do not agree about sections of the Service Plan and are unable to resolve differences, the matter will be referred to the next level in the chain of command-Development of the Service Plan A Service Plan must be developed jointly with the child, if age appropriate, parents or guardians. This capacity will vary among children; however, most school-aged children can be expected to participate to some extent if they are verbal and understand most of the events occurring in their lives. Workers will consult with the child (as age appropriate) on the child's goals and services, review the plan with the child before finalizing it to

The development of the Service Plan and the IEP shall be

appropriate) in periodic service planning meetings.

ensure the child's input, explain the plan and terms used in the plan in language that the child can understand and include the child (as age

The Service Plan reflects the principles of family centered practice and identifies how the family will mobilize their strengths and resources to address concerns in a way that ensures safety, well-being and supports permanency for the child.

- 3. The DCYF worker encourages full participation of the child's custodial and noncustodial parents, other extended family and service providers to the extent permissible in service planning, including the completion of a strength based family assessment.
 - a. The Department is responsible to locate and engage absent parents and document efforts in the Service Plan.
 - b. If a putative father notifies the Department that he may be the father of a child in care, steps must be taken to determine paternity. Once paternity is established, the father is included in the service planning process.
- 4. Family Service Caseworker and Probation Officer coordinate a meeting with family members and service providers at the beginning of the case to capture comprehensive information about the family and to develop the Service Plan.
 - a. The meeting can be scheduled at a DCYF office, in the family's home, at a community provider's office or at a location appropriate to meet the needs of the family.
 - b. For a child placed in a group home or treatment facility, DCYF service planning should be coordinated with the child's treatment plan.
 - c. Documentation of the meeting is recorded in a Case Activity Note (CAN).
 - d. In the event the family is unwilling to participate in the service planning process and/or worker is unable to schedule a meeting with family members and service providers, worker must document in a CAN efforts to engage the family.
- For youth sentenced to the RITS, the Service Plan is developed with input from the youth, family, clinical social worker, unit manager, education program representative and health coordinator during the Service Plan Meeting.

C. Content of the Service Plan

- Each Service Plan must include a permanency goal specific to the family's situation.
- The projected date for achieving the identified permanency goal must be indicated in the Service Plan.
- 3. The DCYF worker consults with his or her supervisor to determine which permanency goal is appropriate to meet the needs of the child and family. The goals are:

a. Maintenance at home

- . For a child remaining at home, the permanency goal is maintenance of the child at home.
- ii. The child's safety must be assured.
- ii. In home family services or family preservation shall be considered as options to prevent out-of-home placement of the child.
- iv. The Service Plan must describe the services offered and provided to prevent removal of the child from the home including the individual services provided to each parent and child.
- v. When this goal is selected, worker confirms in RICHIST that "if preventive services arranged by DCYF are unsuccessful, this child may be placed in substitute care."

b. Reunification

- For a child in placement, the initial permanency goal is reunification in nearly all situations with specific exceptions as approved by the Family Court.
- ii. Family reunification is the planned process of reconnecting children in out-of-home care with their families by means of a variety of services and supports to the children, their families, and their foster parents or other service providers.

- iii. Service planning is directed toward addressing those concerns which led to the child being removed from his or her home.
 iv. The Department will assess and refer the family to the appropriate array of services to achieve reunification in the
- appropriate array of services to achieve reunification in the shortest time possible with consideration for the child's safety and well-being.
- v. The Service Plan must be designed to achieve a safe placement for the child in the least restrictive (most family-like) setting available, discuss the proximity of the child's placement to the home of the parents and discuss how the placement is consistent with the best interests and special needs of the child.
- vi. For youth sentenced to the RITS, the initial permanency goal is generally reunification. For youth transferring from FSU or Probation, the goal then reflects prior history. At the time of the discharge/transition meeting, an appropriate permanency goal will be identified after a review of the youth's individual/family needs.

c. Adoption

- When reunification is not viable, adoption by relatives, foster parents or a licensed adoptive resource is the preferred permanency goal.
- ii. The Service Plan must document the steps to finalize a placement when the permanency goal is or becomes adoption.

d. Guardianship

- . If the court has determined that reunification and adoption are not viable permanency options, legal guardianship provides the child with the next preferable goal.
- ii. Legal guardianship enables the caretaker to exercise all the legal rights and responsibilities of a parent without the on-going oversight of DCYF.
- iii. Guardianship may be an option for youth with or without the termination of parental rights.

e. Permanent placement with a fit and willing relative

- ASFA indicates that a "fit and willing relative" can provide a
 "planned permanent living arrangement" and that termination of
 parental rights does not have to occur within the allotted time
 frame if a compelling reason is provided to the Court.
- ii. A relative may be able and willing to care for the child but is not prepared to consider legal guardianship or adoption.
- iii. When determining if this permanency goal is appropriate, worker must consider the relationship between the child and parent(s), the relationship between the child and the relative(s) and the relationship between the relative(s) and the child's parent(s). A compelling reason is documented, and provided to the Court addressing the established relationships and why adoption or quardianship are not viable permanency options.
- iv. This permanency option is captured in the Service Plan under Permanent Placement with Relative.
- Planned Living Arrangement /Independent living (when appropriate for youth over age 16) and Planned Living Arrangement/Other
 - i. A planned living arrangement is a permanent placement for the child that identifies a lifelong connection.
 - ii. The Service Plan must specify who will be the permanent connection for that youth, if identified, and how DCYF is working to maintain that connection.

- iii. The permanency goal of Planned Living Arrangement/
 Independent Living or Planned Living Arrangement/Other, is
 appropriate only when documentation has been provided to the
 court that compelling reasons exist which make all other
 permanency options unacceptable. These reasons shall be reexamined at each ARU and every permanency hearing to
 access whether a more preferred permanency option is possible.
- 4. To successfully achieve any permanency goal, specific objectives and tasks must be identified at the outset. Due to the shortened time frames for reunification required by ASFA, it is essential that the DCYF worker immediately clarify with the family each objective and task necessary to achieve the permanency goal. It is equally important to clarify what is not negotiable about the Service Plan and consequences for not meeting the time frames.
 - a. Objectives are focused around the immediate area of risk, are achievable, measurable and time limited.
 - . The child's needs, which may change over time, are the constant frame of reference during planning and implementation.
 - ii. Objectives will be identified through the completion of ongoing strength based assessments of the family (refer to <u>Policy</u> 700.0075, Family Assessment).
 - iii. The initial Service Plan and all subsequent Service Plans must clearly spell out every objective determined to be necessary to achieve the agreed upon permanency goal.
 - iv. All unmet objectives are included in subsequent Service Plans as well as met objectives to track progress in meeting the permanency goal.
 - Objectives are aimed at correcting or significantly alleviating areas of risk that are directly related to the child's safety and well-being.
 - Each objective is comprised of individual tasks which, if successfully completed, will achieve the objective.
 - Tasks in the Service Plan are individualized, culturally sensitive and designed to enhance a family's strengths to address the safety/risk concerns identified through the completion of engoing strength based assessments of the family.
 - ii. Tasks are identified for specific individuals to be completed within a specified time frame.
 - iii. Tasks are written in straightforward language so that each party clearly understands what is expected of him/her.
 - iv. Tasks are developed for each identified objective.
 - v. Tasks are reviewed with individuals routinely, acknowledging success and encouraging completion when appropriate.
- 5. Section 475 (1)(D) of the Social Security Act states that where appropriate, for a child age sixteen (16) or older, a written description of the programs and services which will help such child prepare for the transition from foster care to independent living must be included in their Service Plan.
 - a. This does not mean that reunification efforts should cease or that the goal of the Service Plan must change to Planned Living Arrangement/Independent Living.
 - b. The Department has established a program to assess independent living skills and assist youth with the transition to adulthood (refer to Policy 700.0200, Independent Living). Documentation of a youth's participation in any of the programs offered to assess independent living skills is captured in the Service Plan.
- 6. Worker must involve children and parents or other primary caregivers in all aspects of planning and implementation whenever possible.

- a. Obtaining signatures on the Service Plan confirms that all parties participated in the development, review and revision of the plan and were provided the opportunity to agree or disagree with the content.
- b. Each party signing the Service Plan has the right to disagree with the content of the plan and appeal implementation of the plan (refer to section E, Appeal of the Service Plan).
- c. The following individuals sign the Service Plan:
 - i. Parents/guardians
 - ii. Children twelve (12) years of age or older (with capacity to participate)
 - iii. DCYF primary service workers: FSU Caseworkers/Probation
 Officers/RITS Clinical Social Workers
 - iv. Foster parents or provider agency representatives who are involved in the development of the Service Plan and are directly responsible to provide the services prescribed in the Service Plan
 - v. Department staff person, other than the primary service worker, who is involved with the family
 - vi. Pre-adoptive parents in cases where parental rights have been terminated and the child is in a pre-adoptive home where the foster parents have initiated the adoption process
- c. The supervisor signs only after all other signatures are obtained or a reason is given for not signing.
- d. Once the Service Plan has been signed, any new objective and task agreed to at a later time is added to the Service Plan in the form of an addendum and signed by all appropriate parties.

D. Distribution of the Service Plan

- The primary service worker must use discretion to maintain the family's right to
 privacy. A signed Authorization to Obtain or Release Confidential Information
 (DCYF #007) must be obtained when appropriate (refer to Policy 100.0000,
 Confidentiality).
- 2. The original Service Plan is filed in the case record. A copy is given to the parents, and copies are provided to children, if age appropriate, and to each outside agency involved in the development of the Service Plan and directly responsible to provide services prescribed in the Service Plan.
- 3. The Service Plan includes the Educational/Medical Statement (DCYF #132) which contains federally required health and education information that must be provided to the foster care provider when a child enters placement. DCYF form #132 is updated and provided to the foster parent or foster care provider at the time of each placement. Information required on each child to the extent available and accessible is as follows:
 - a. Name and address of health and educational providers;
 - b. Grade level performance;
 - c. School record;
 - d. Assurances that the child's placement in foster care takes into account proximity to the school in which the child is enrolled at the time of placement;
 - e. Record of immunizations;
 - f. Known medical problems;
 - g. Medication; and,
 - h. Any other relevant health and education information concerning the child determined to be appropriate by the agency.
- 4. The DCYF #132 is provided to the foster parents separate from the Service Plan if it is not appropriate for the caretakers to receive the entire Service Plan.

- 5. Copies of the Service Plan are periodically provided to the Family Court in situations where there is Court involvement with the family.
 - Within thirty (30) days of adjudication on a Dependency/Neglect/Abuse petition;
 - No less frequently than on an annual basis at the time of the Permanency Hearing, and;
 - c. At the time of the Family Court review of voluntary placements
- 6. A copy of the Service Plan is given to the CASA.
- 7. The current Service Plan is available to the Administrative Review Unit in RICHIST for review prior to the scheduled date of the Administrative Review.

E. Appeal of the Service Plan

- 1. Family Service Caseworker, Probation Officer or RITS Clinical Social Worker explains the Department's appeal procedure (refer to Policy 1000.0055, Complaints and Hearings) to the parents and child, to the extent of his/her ability to understand, at each signing of the Service Plan (DCYF #032).
- 2. Worker provides each parent and child (if of appropriate age) with a Notification of Right to Appeal (DCYF #082) and provides a copy of the complete procedure upon request.
- 3. Worker assists each parent and child to participate in the appeal process by providing at a minimum a copy of the DCYF form # 016, Formal Request for Hearing, instructions for completing the form, and guidance as to how to process the appeal through the various stages.

Assessment of Risk

Rhode Island Department of Children, Youth and Families

Policy: 500.0070

Effective Date: July 7, 1984 Revised Date: July 6, 1987 Version: 2

Assessment of risk is the term used by a CPI for the process by which he/she determines the current safety of a child and the prospects of future harm through child abuse or neglect. This assessment process is the focal point of each investigation and is the basis of most investigative decisions. It is an ongoing process which should occur each time a new piece of evidence/information is obtained. Failure to make a thorough and up-to-date assessment could later jeopardize the safety of the child.

Related Procedures...

Assessment of Risk
Determining Need for Emergency Intervention/Services
Indicated Case Checklist

Assessment of Risk

Procedure From Policy 500.0070: Assessment of Risk

- A. The Department has identified five (5) categories of factors which can be used to evaluate evidence/information to determine risk of harm to the child. They are:
 - 1. Child Factors:
 - a. Age (chronological and mental).
 - b. Physical and mental disabilities.
 - 2. Caretaker Factors:
 - Level of cooperation (willingness to take action to protect child, such as counseling, financial).
 - b. Physical, mental, emotional abilities/control adequate functioning levels, such as maturity, impulsive outbursts, interaction with child.
 - Alcohol/substance abuse (level of usage/dependency related to incidence of abuse/neglect).
 - 3. Perpetrator Factors:
 - a. Access to child (proximity to child to cause harm through passive or active means).
 - b. Rationality of behavior accidental or intentional level of infliction of abuse/neglect.
 - 4. Incident Factors:
 - a. Extent of permanent harm (disfigurement observable to the naked eye and/or loss or impairment of a bodily function).
 - b. Location of injury (observable or non-observable injury or condition of child's body, which has been directly affected by abuse/neglect).
 - c. Previous history of injury/neglect (prior indicated/unfounded reports of abuse/neglect to child and/or siblings.
 - d. Physical condition of the home (protection from weather extremes, rodents, accumulated trash/garbage, filth, structural hazards).
 - 5. Environmental Factors:
 - a. Support systems (presence of individuals, agencies, professionals, or other resources that can help the caretaker protect the child during personal or family crisis).
 - b. Stress (such changes or situations as hospitalization, unemployment, spouse incarcerated, divorce, death, new residence, or career).
 - c. Family mobility (stability of living environment, i.e., length of residence).

Determining Need for Emergency Intervention/Services

Procedure From Policy 500.0070: Assessment of Risk

- A. Once the risk to a child has been determined, the CPI must decide on the need for emergency intervention/services. Emergency intervention/services are based on the needs of the child rather than the family. Examples of emergency intervention/services include:
 - 1. In-home services (homemaker, counseling, emergency care taker).
 - 2. Removal of the perpetrator, accomplished through police/ court intervention or voluntary departure, and only with the caretaker's cooperation, when the perpetrator and caretaker are different individuals.
 - 3. Removal of the child is the most extreme emergency service.
 - 4. Voluntary placement is an option which may be used when there is low risk and it is anticipated that there would be insufficient evidence to uphold an ex parte but the parent or caretaker recognizes the need for temporary removal of the child.

Indicated Case Checklist

- A. The CPI must complete the Indicated Case Checklist for all indicated investigations.
- B. The CPI must complete the Indicated Case Checklist for both natural children and foster children.
- C. A "yes" answer to any problem indicates that the existence of the problem may interfere with the caretaker's ability to provide adequate child care and protection.
- 1. Caretaker appears to have alcohol or drug abuse problem.
- 2. Family appears unstable.
- 3. Family receives little or no external support.
- 4. Was the primary adult caretaker a perpetrator in this incident.
- 5. Age of the primary caretaker.
- D. The CPI can check "children left unsupervised (multiple times) due to substance abuse" for the first offense, but must note on the checklist that this is the first offense.
- E. Minor children, who are baby sitting, in or out of the home are not primary caretakers.
- F. Minor children who have a natural child of their own can be considered the primary caretaker.
- G. Boyfriends or girlfriends living in the home are generally not primary adult caretakers, if they are not the parent of the child and the parent is home. If the parent is absent from the home and the "live-in" is watching the children, then the "live-in" is at that time a primary adult caretaker until the parent returns home.
- H. If investigating a "non-relative" caretaker situation, the primary adult care taker is the non-relative person.
- I. In some circumstances where one case may generate one or more cases, a risk assessment should be completed for each adult that will have his/her own case.
- J. A completed checklist should be forwarded for all cases in which abuse/neglect has been substantiated.